

**Medicaid Outpatient Drug Coverage
Excluded Drug Coverage Information By State
November 2009**

MARYLAND

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid Agency's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy and Medically Needy.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

Some

The state covers products that are not central nervous system stimulants (e.g. Xenical).

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

Some

Only legend products are covered

Prescription vitamins and mineral products

All

Nonprescription drugs (Over-the-Counter)

Some

Ferrous sulfate, enteric coated aspirin, ergocalciferol liquid, and over-the-counter (OTC) drugs on the preferred drug list

Barbiturates

All

Benzodiazepines

All

Smoking Cessation (except dual eligibles as Part D will cover)

None

STATE WEBSITE

<http://www.dhmf.state.md.us>